

<b>Case Number:</b>	CM13-0039853		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 51 year old woman who sustained a work-related injury on June 18, 2009. Subsequently he developed with chronic back pain. The patient was treated with pain medications. TENS. According to a note dated on September 4, 2013, the patient still complaining of back and neck pain. The pain was improved with trigger point injection and TENS. Physical examination demonstrated the greatest tenderness to palpation. The provider requested authorization for TENS equipment mentioned below.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**GSM HD TENS WITH ██████ PROGRAMS (PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for long term use of TENS, as it s

efficacy for long term use is unproven. Therefore, the prescription of GSM TENS unit with [REDACTED] programs-purchase treatment is not medically necessary.

**ELECTRODES (8 PAIRS PER MONTH), QTY 24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for long term use of TENS, as its efficacy for long term use is unproven. Therefore, the prescription of Electrodes (8 pairs per month), Qty 24 is not medically necessary.

**BATTERIES (6 AAA PER MONTH), QTY 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for long term use of TENS, as its efficacy for long term use is unproven. Therefore, the prescription of Batteries (6 AAA per month), Qty 18 is not medically necessary.